

Foster Family Home - Corrective Action Report

Provider ID: 1-180043

Home Name: Charmaine Saoit, RN

Review ID: 1-180043-2

91-733 Makule Road, Apt. C

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 4/11/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 4/11/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/11/19. *PCG requests to increase to a 3 client CCFFH.*

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.a.1 Liability Insurance expired 11/20/2018


Compliance Manager


Primary Care Giver

4/11/2019
Date


4/11/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Charmaine Saoit

CCFFH Address: 91-733 Makale Rd. #C Ewa Beach HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
51a.1	4/13/19, called Insurance Company for renewal application. Mailed it in including money order payment on 4/13/19. Received updated insurance certificate today 5/2/19 and emailed to CTA compliance manager.	5/2/19	Home understands that liability insurance needs to be updated before end date. Have placed an updated plan of correction in phone or calendar/white board to remind PCG of the next expiration date.

Primary Caregiver's Signature: 

Print Name: Charmaine Saoit

Date of Signature: 5/2/19